



# **ICD-10-CM is Essential to Strong Public Health Reporting**

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# SESSION OBJECTIVES

- Be aware of the differences between ICD-9-CM and ICD-10-CM and the implications for public health reporting.
- Understand the training and implementation process and plans for ICD-10-CM in the U.S.

# WHAT IS ICD-10-CM?

- The United States' clinical modification of the World Health Organization's International Classification of Diseases, 10<sup>th</sup> Edition.
- Endorsed in 1990
- International adoption begin in 1994
- US adopted ICD-10 for mortality in 1999

# WHY ICD-10-CM?

- ICD-9 is obsolete
- ICD-10 is global
- Benefits outweigh the costs
- Support is widespread

# REPLACEMENT OF ICD-9-CM

- Several organizations have recommended replacing ICD-9-CM with ICD-10-CM, including:
  - American Health Information Management Association
  - American Association of Professional Coders
  - American Hospital Association
  - Advanced Medical Technology Association
  - Federation of American Hospitals

# SIGNIFICANT DIFFERENCES

- ICD-10-CM is entirely alphanumeric
- ICD-10-CM codes may be up to 7 characters in length
- Restructured chapters
- V codes and E codes are integrated into the main classification
- Postoperative complications expanded and integrated

# TYPHOID FEVER EXAMPLE

ICD-9-CM	ICD-10-CM
002.0 Typhoid fever	A01.0 Typhoid fever Infection due to Salmonella typhi
	A01.01 Typhoid meningitis
	A01.03 Typhoid pneumonia
	A01.04 Typhoid arthritis
	A01.09 Typhoid fever with other complications

# BENEFITS FOR PUBLIC HEALTH

- Improved monitoring of diseases and potential biological threats to the U.S.
  - Y38 Terrorism
  - Z16 Drug resistant organisms
- Better monitoring of health status
  - Z67 Blood Type
  - Z72 Tobacco Use; Gambling & betting, etc.

# Modifications of ICD-10 Adopted by Other Countries

- Australia's ICD-10-AM (Australian Modification) was fully implemented in 1999.
  - The National Center for Classification in Health formed a working party to develop educational materials and conduct training.
  - ICD-10-AM implementation kits as well as training booklets and workbooks were compiled and distributed to healthcare facilities.

# **Modifications of ICD-10 Adopted by Other Countries (Continued)**

- Canada's ICD-10-CA (Canadian Adaptation) was fully implemented following a three-phase implementation plan.
  - Phase one was a self-learning package.
  - Phase two was a two-day workshop.
  - Phase three was a packet of ten case studies to be completed by users of the system.

# **Modifications of ICD-10 Adopted by Other Countries (Continued)**

- The average amount of time required to learn the revised classification system was four to six months in Australia and Canada.
- Coding professionals reported that they did not find ICD-10 any more or less difficult to learn than ICD-9.

# Implementation of ICD-10-CM

- Several factors are influencing the implementation of ICD-10-CM:
  - HIPAA regulations designated the adoption of data sets, including ICD-9-CM.
    - Must follow HIPAA to adopt ICD-10-CM.
  - Several organizations have recommended that ICD-10-CM replace ICD-9-CM.
    - Others are hesitant.

# ICD-10-CM Implementation Planning

- Determine who will be affected by the implementation of the new coding system.
- Form a committee, team, or task force made up of stakeholders to plan the implementation.
- Include representatives from health information management, information services, billing, accounting, human resources, senior management, and clinical staff.
- Create a training plan and develop training materials suitable for the facility.

# Training for ICD-10-CM

- Training on the new coding system may take many forms:
  - Face-to-face workshops
  - Books
  - Audio seminars
  - Web-based training

# Training for ICD-10-CM (Continued)

- Coding professionals
  - Because ICD-10-CM coding requires a higher level of specificity than ICD-9-CM coding, users will need a strong background in anatomy and physiology, medical terminology, pharmacology, and medical science to apply the revised classification system.

# Training for ICD-10-CM (Continued)

- Physicians
  - Inadequate physician documentation has been an obstacle to complete and accurate coding with ICD-9-CM; this issue will continue to be a potential problem during ICD-10-CM implementation.
  - Audits of physician documentation can be used to demonstrate how revenue may be lost owing to inadequate health record documentation.

# Training for ICD-10-CM (Continued)

- Other healthcare professionals
  - Other clinicians such as nurses and therapists
  - Ancillary department personnel
  - Quality management personnel
  - Utilization management personnel
  - Data quality/data security personnel
  - Researchers, data analysts, and epidemiologists

# Training for ICD-10-CM (Continued)

- Other personnel
  - Software vendors
  - Information systems personnel
  - Billing and accounting personnel
  - Compliance officers
  - Auditors
  - Fraud investigators
  - Government agency personnel

# Impact on Information Systems

- The organization will need to look at capital expenditures to support implementation of the new classification system:
  - New or upgraded information system hardware
  - New software
  - Training costs for new coders and other personnel
  - Hiring of additional information systems personnel to accomplish the implementation

# Impact on Information Systems (Continued)

- All electronic transactions that require a diagnosis and/or procedure code will need to be reviewed (and possibly changed).



# Software Changes Required

- Any field that requires a code number will need to accommodate up to seven characters rather than five digits.
- Any field that requires a code number will need to accept an alphanumeric code rather than just a numeric code (this may not be an issue because of the V codes and E codes in ICD-9-CM).

# Software Changes Required (Continued)

- Some reprogramming may be needed to differentiate between letters and numbers that tend to be hard to distinguish (for example, the number one [1] and the letter el [l]).
- ICD-10-CM codes may have up to four characters (numbers or letters) after the decimal point. ICD-9-CM, in contrast, has a maximum of two numbers (only) after the decimal point.

# Software Changes Required (Continued)

- The size of data fields that accommodate the descriptions of the codes may have to be reviewed. Code titles are much more descriptive and, therefore, longer in ICD-10-CM than in ICD-9-CM.

# Software Changes Required (Continued)

- ICD-10-CM includes many more codes than ICD-9-CM does.
- Organizations should make sure their systems will accommodate the additional data.
- Both ICD-9-CM and ICD-10-CM will have to be supported by the information system during the transitional phase of implementation.

# Software Changes Required (Continued)

- ICD-10-CM codes that consist of five characters may be confused with HCPCS Level II codes, which also begin with an alphanumeric character. This similarity should not be a problem when the software uses decimals in the ICD-10-CM codes, but it might be a problem if decimals were not used in the software.

# Impact on Human Resources

- With the adoption of the new system, qualified coding professionals will be in demand, and retention of trained coders will be essential to the billing function of the facility. Facilities will need to reevaluate salary structures and benefits packages to make sure that they are competitive with other healthcare organizations in the area.

# WHAT YOU CAN DO

- Let your elected representatives know that the United States is at risk because our data is not comparable.
- If given the chance to testify or talk to regulators, make sure they understand how old ICD-9-CM is and its limits.
- Start preparing your organization now
  - If modifying software, make it able to handle ICD-10-CM.

# QUESTIONS?

